

## **The Candidate as Convict**

Richard B. Gunderman, MD, PhD

William Kerridge, MD

*Department of Radiology, Indiana University School of Medicine, Indianapolis, Indiana*

It feels like showing up at prison to begin serving a sentence, or intake for the federal witness protection program. The instructions are very explicit. You are to arrive at a specified location without any belongings except a government-issued photo ID, clothing, and nonperishable, nonaromatic food contained in a clear plastic bag. You are placed in a holding room with about 40 other people. Then you are shuttled out of the room and through the kitchen into an alley, where several buses are waiting. People are assigned to different buses, each of which seems to take a different route to the center's undisclosed location.

Once you arrive at the center, you are lined up in single file, taken up a few flights of stairs, and then led into a maze of retractable black stanchions, where personnel dressed in black polo shirts bark out orders in a shrill voice. You then have your picture taken, and an employee verifies that it matches the photo on your ID. You are given a new photo ID with a code that you must keep with you at all times. Once cleared, you deposit all your belongings in a locker, after which you are led down a series of hallways into a blue-walled room filled with the soft humming of hundreds of computers. You are told to sit down at a computer, then shown a ceiling-mounted camera above your station.

In fact, there seems to be a camera trained on every computer in the room. Each station is in its own cubicle, but the walls are low enough that if you sit up straight, you can see the people on either side of you. But such conduct—making eye contact—is discouraged, and any talking among those gathered in the room is explicitly forbidden. As a result, everyone behaves like a zombie. They sit in silent anxiety at

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This is the author's manuscript of the article published in final edited form as:

Gunderman, R. B., & Kerridge, W. D. (2016). The Candidate as Convict. *Journal of the American College of Radiology*, 13(1), 96–97. <http://doi.org/10.1016/j.jacr.2015.07.002>

their computers, and when they get up, they do so only to consume their dry, odorless rations. While away from their computers, many stare blankly out the window in silence, avoiding the glances of others.

The most remarkable aspect of the whole experience is using the toilet. Anyone who enters the men's restroom is met by a large man wearing the same black polo shirt. He sits impassively on a stool directly across from the three urinals and multiple stalls. Everyone goes about their business in complete silence. Should anyone utter a sound, the attendant barks out, "No talking." This aspect of the experience proves a particularly disturbing surprise, as many had supposed that bathroom monitors went out in the third grade. Indeed, were a contemporary elementary school to attempt to install an observer across from the urinals, the result might be a lawsuit.

As will be clear by now to many radiologists, particularly those nearing the end of their residency training, the events we are describing took place not in the penal system or the witness protection program, but as part of the radiology board core examination. The individuals undergoing this ordeal were not detainees or felons, but candidates for board certification. Assuming they pass their examination, they will continue on the path toward board certification, indicating that they are competent to practice radiology independently, having "demonstrated the requisite knowledge, skill and understanding of their discipline to the benefit of patients."

The irony, of course, is the message the actual testing experience sends. We have heard candidates state that they found the experience highly impersonal, excessively rigid, bewildering, and ultimately dehumanizing. Consider the practice of monitoring the restrooms. From the candidates' point of view, this practice evokes images of a totalitarian state. It in effect says to them, "We have no way of knowing what you might try to pull if we granted you a few minutes of privacy, so we are going to make sure that you are never really alone. In fact, we are going to make you acutely aware that you are under constant surveillance." Big brother, outfitted in a black polo shirt, is always watching.

Most discouraging is the fact that the experience is so at odds with needed changes in how radiologists view themselves and their work. Many radiologists have become so focused on technology that they have lost sight of the human relationships with patients and referring physicians on which the future of the field ultimately depends. Radiologists need to be more relationship focused, conversational, and hospitable than ever before, yet trainees at one of the most formative stages in their career are being subjected to an experience that seems totally focused on computers and antithetical to relationships, conversations, and hospitality.

Such testing accommodations represent a strong and unmistakable vote of no confidence in each candidate, in effect saying, “Although it is only a matter of a few years before you will be responsible for conducting your practice in an ethically responsible fashion, avoiding misconduct of all types and always keeping high ethical standards foremost in mind, for the time being we are going to treat every single one of you as a potential cheater, someone who will stop at nothing to earn a passing score on an examination. We trust you only so far as we can see you, and for this reason, we will keep you in our line of sight at all times.”

The great German thinker and poet Goethe once said: “Treat people as if they were what they ought to be and you help them to become what they are capable of being.” But Goethe’s words of wisdom have a dark corollary: “Treat people as if they are what they ought not to be and you bring out the worst in them.” By treating candidates as though they cannot be trusted, we inevitably foster the impression that they are suspect and untrustworthy. Not only is a computer-based examination a dismal way of assessing professionalism, but the manner in which it is being administered is positively corrosive of essential aspects of a professional.

If we insist on treating people as untrustworthy when they are learning their profession, why should we not suppose that they will continue to require close monitoring when they have completed their training? What next? Will we station personnel in black polo shirts in reading rooms and procedural suites? Will we install cameras in private physician offices and restrooms? If radiology and the profession

of medicine are to thrive ethically in the years to come, we need to ask ourselves a basic question: At what point do we begin to trust the people who, in a very short period of time, will hold our practices, our profession, and—when we become patients ourselves—our very lives in their hands?

When your only tool is a hammer, the world seems filled with nails, and when your only tool is a test, you begin to see everything else as revolving around your examinations. It is when we realize that we are treating the tests as the end, and the candidates as the tools, that we have things upside down and inside out. Many certifying organizations that operate with a kind of monopoly power, including medical specialty boards, have come to regard testing as their primary reason for being, and now they are treating the integrity of the tests they administer as more important than the integrity of the professionals they are testing.

Someday people will look back on the testing protocols of the medical specialty boards and shake their heads in amusement. Someday they will share with their own trainee stories of the secrecy and surveillance that once surrounded the board examination, recounting with a hearty chuckle the stern expression of the man who sat impassively in the men's restroom, barking out orders not to talk. From our point of view, this someday could not come too soon. The time has come—and is, in fact, already past—for radiology to re-examine the way it treats its candidates and do more to accord them the respect due the professionals we hope they are becoming.